

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	EN	64934	7.22.00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	1	1/26/00
2	✓	1	1/26/00
3	✓	1	1/26/00
4	✓	1	1/26/00
5	✓	1	1/26/00
6	✓	1	1/26/00
7	✓	1	1/26/00
8	✓	1	1/26/00
9	✓	1	1/26/00
10	✓	1	1/26/00
11	✓	1	1/26/00
12	✓	1	1/26/00
13	✓	1	1/26/00
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48	✓	1	1/26/00
49	✓	1	1/26/00
50	✓	1	1/26/00

Claim	Final	Original	Date
51	✓	1	1/26/00
52	✓	1	1/26/00
53	✓	1	1/26/00
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56	✓	1	1/26/00
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99	✓	1	1/26/00
100	✓	1	1/26/00

Claim	Date
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If more than 150 claims or 10 actions  
stapl additional sheet her

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